



# LOS ANGELES COUNTY COMMISSION ON HIV

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## STANDARDS OF CARE COMMITTEE MEETING MINUTES

November 4, 2010

Approved  
3/3/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Fariba Younai, <i>Co-Chair</i>	Miki Jackson	None	Jane Nachazel
David Giugni	Robert Butler	Jason Wise		Glenda Pinney
Louis Guitron	Mark Davis			Craig Vincent-Jones
Terry Goddard	Jennifer Sayles			
Brad Land				
Jenny O'Malley				
Carlos Vega-Matos				

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, 11/4/2010
- 2) **Table:** Los Angeles County Commission on HIV, Standards of Care (SOC) Committee, FY 2010 Work Plan, 11/4/2010
- 3) **Handbook:** Standards of Care (SOC) Committee Handbook, 11/4/2010

1. **CALL TO ORDER:** Ms. Palmeros called the meeting to order at 10:25 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Postponed*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the Standards of Care Committee meeting minutes (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** Mr. Land asked about the Medical Outpatient Survey conference call. Mr. Vincent-Jones reported three of eight questions were addressed. A second call had been scheduled for the next week.
7. **CO-CHAIRS' REPORT:** Ms. Palmeros reminded all that the Commission meeting would be 11/18/2010 due to Veteran's Day.
  - A. **Review of Committee Work Plan:** Mr. Vincent-Jones introduced the Work Plan. He noted all plans are ambitious, so many items are somewhat behind. He reviewed key subjects under the Committee Work section of the Plan:
    1. **Continuum of Care:** a. Description not yet revised; b. Commission/PPC Integration Task Force has begun work; c. Coordinate with OAPP to ensure outcomes/indicators remain consistent; d. Mr. Vega-Matos updated MCC below; e. P-and-A recommendation updates were postponed; f. Policies/procedures, some 200 have been identified overall and they will be addressed on an ongoing basis concurrent with pertinent activities.
    2. **Standards of Care:** a. Policies/procedures ongoing; b. Final development of current set discussed below; c. Once the current set is finalized, Mr. Vincent-Jones will dedicate a week to complete editing; d. OAPP will provide the FY 2011 RFP/contracting schedule.
    3. **Special Population Guidelines:** a. Policy/procedure ongoing; b. Five guidelines in draft form need to be edited and a schedule is needed for development of remaining guidelines.

4. **Evaluation of Service Effectiveness (ESE):** a. Customer perspective complete, Commission to provide information for OAPP and OAPP to provide service utilization/cost data, surveys nearing completion, report expected in early 2011; b. Policy/procedure ongoing; c. Dissemination after completion; d. FY 2011 ESE selection after completion.
5. **Quality Management Review:** a. Policy/procedure ongoing; b. Re-engage in discussion with OAPP on process for presentation of Performance-Based Contract Monitoring (PBCM) aggregate results.
6. **Grievance Process:** a. Policy/procedure draft will accompany standards publication and is expected by December; b. Development of aggregate data report to follow preceding.
7. **Rate Studies:** No rate studies are currently planned. Current memorandum will be converted to policy/procedure.
8. **Research and Evaluation:** a. Plan completed; b. Several Program/Planning Briefs in development.
9. **Commission Initiatives:** a. Revised Unmet Need Plan presented at Annual Meeting, but further development underway by P&P; b. TLC+ under discussion; c. Health Care Reform Integration under discussion.

B. **Committee Description/Fact Sheet:** This has not yet been addressed.

C. **Committee Handbook:**

- Mr. Vincent-Jones noted draft handbooks were presented at the Annual Meeting. Committees are engaged in review and finalization for more detailed presentation during Orientation.
- Mr. Giugni asked how SOC ensures compliance with minimum service expectations (pg. 2, Sec. II, par. 1, ll. 2.) Mr. Vincent-Jones replied the Commission will review service descriptions used for RFPs per agreement with OAPP. Staff will do an initial review and report to SOC. Any discrepancies will be discussed with OAPP. Contract template and RFP review are also identified (pg. 4, Sec. IV, Item H). Those areas are in the current by-laws, but will be removed during by-law revision as they pertain to contracting, which is an OAPP charge.
- Ms. Palmeros asked about policies, e.g., for selecting Special Population panels. Mr. Vincent-Jones said handbooks are overviews of committee work. They reference policies, but do not replicate them. Completed policies are on-line.
- Mr. Goddard felt there could be more on service efficiency. That is key in this economic climate when agencies must be efficient to maintain services or even to survive. SOC could act as a think tank. Mr. Vincent-Jones noted the ESE, fiscal domain measures. The fiscal domain uses an optimization model which can expand analysis depending on data.
- Mr. Vincent-Jones noted he would be incorporating additional graphics, e.g., for ESE.
- ➡ Comments will be e-mailed to Mr. Vincent-Jones, including some from Mr. Vega-Matos.

8. **EVALUATION OF SERVICE EFFECTIVENESS (ESE):** There was no discussion additional to the update under work plan review.

9. **STANDARDS OF CARE:**

A. **Residential, Transitional and Permanent:**

- Mr. Vincent-Jones noted the two standards were being combined and changes were being incorporated consistent with OAPP's recent assessment of residential services.
- ➡ Mr. Vega-Matos will e-mail RCFCI and PRCF service descriptions used for the RFP. They are based on previous discussions. OAPP had already sent comments on the standard.
- ➡ Mr. Vincent-Jones and Ms. Pinney will hold a conference call with Phil Meyers to clarify some of the changes.
- ➡ Identified January SOC meeting as goal for draft completion and presentation for review.

B. **Case Management, Housing:**

- Mr. Goddard asked how this standard correlates with the HOPWA RFP that includes a strengthened housing case management component with, e.g., linked referrals. He had heard the RFP would be released 11/15/2010.
- Ms. Pinney did not know whether Shelter Partnership had referenced the standard, but had heard the RFP will be similar to the previous one. She noted there was agreement to forward the standard to them once it was finished.
- Mr. Vega-Matos reported HOPWA had planned to clarify some areas based on experience with the previous RFP.
- Mr. Goddard noted the Annual Meeting discussion on merging administration of housing programs. Mr. Vincent-Jones said combining administrations was a three-year Comprehensive Care Plan (CCP) goal to spark talk on redundancies, but little resulted.
- Mr. Vega-Matos pointed out OAPP and HOPWA serve the same population sometimes with overlapping providers. OAPP felt service could be more seamless for providers and consumers. It began work with HOPWA to monitor mutual

sites for clients enrolled in similar services to identify double billing, service duplication and service appropriateness. It is not known what effect recent HOPWA personnel changes will have on collaboration.

- OAPP also included in its Data Management RFP the ability to communicate with HOPWA's system once it was chosen.
- Mr. Goddard felt OAPP and the County was stronger in care, and LA City had more experience with housing programs, which were both needed.
- Mr. Vega-Matos said HOPWA service goals do not address adherence to treatment and medical care. OAPP wants to integrate those at the individual and community level, e.g., TLC+ and reducing community viral load. There is a risk of treatment plan conflict if HOPWA enhances housing case management unilaterally, especially with Medical Care Coordination (MCC), and in lieu of the provision for care-related case management in the newly approved 1115 Waiver.
- ➡ Mr. Vega-Matos will provide feedback the following week on the role of housing case managers with no background in psychosocial issues regarding how to screen and refer for psychosocial services.
- ➡ Mr. Vincent-Jones and Ms. Pinney will review previous and new comments with a goal to bring the draft to the December meeting for SOC review.
- ➡ Agreed to check with HOPWA regarding consistency between the HOPWA RFP and the standard.
- ➡ Mr. Goddard will join the CCP Work Group. Its next meeting will be 11/30/2010, 9:30 to 11:30 am.

**C. Medical Care Coordination (MCC):** The standard has been finalized pending OAPP recommendations.

**1) OAPP Recommendations:**

- Mr. Vega-Matos reported OAPP will shortly request Board approval to renew Psychosocial Case Management contracts. It will concurrently request approval to change the name to Non-Medical Case Management. That aligns with the HRSA service description and sends the message to the field that transition to MCC is underway.
- He reported the last Transition Advisory Group (TAG) meeting was in August. The OAPP Internal Working Group meets weekly on implementation. He had a report, but it was not yet finalized for distribution.
- Several MCC domains appear to require reconciliation between operational needs and the standard of care. Service Provider Network (SPN) references also need to be removed as SPNs no longer exist.
- Mr. Vega-Matos felt the model being designed is consistent with standard goals and objectives, but some things identified and adopted by the TAG are only implied in the standard such as Patient-Centered Medical Home, eliminating duplicate services and standardizing assessment/acuity tools for medical and non-medical case management. Mr. Vincent-Jones said the SOC specifically left some areas vague to allow OAPP flexibility.
- Mr. Vincent-Jones noted the Commission was part of TAG, but confusion remained about Outreach within MCC and in the separate, supplemental standard. MCC providers should provide services to their clients as needed.
- Mr. Vega-Matos replied that was part of a larger discussion. Early Intervention Programs (EIP), e.g., has an outreach component. The environment is also changing such as with the shift to fee-for-service.
- He clarified OAPP defines Outreach as finding PWH not in care and bringing them into care. Mr. Vincent-Jones said the outreach standard includes keeping people at risk of dropping out of care in care, but Mr. Vega-Matos said OAPP considered that part of a case manager's job and held agencies to account for it.
- Mr. Land raised the issue of consumer complaints about the amount of paperwork they must fill out. Mr. Goddard suggested a central database for basic information. Mr. Vega-Matos said the new Data Management system will be designed for that. OAPP is also looking at centralizing/standardizing intake/enrollment into the Ryan White system to minimize duplication and to identify whether a PWH is uninsured and eligible for all Ryan White services or what Ryan White services a PWH is eligible for if insured. That is especially important under Health Care Reform.
- Mr. Vega-Matos noted significant MCC standard sections on Benefits Specialty. He felt they should be removed as it is now a separate service category. Related appeals and counseling would also be under Benefits Specialty.
- Mr. Vincent-Jones said Julie Cross emphasized inclusion of routine Benefits Specialty in MCC with the separate service category for complex cases. The Commission supported that, so changes must return to the Commission.
- Mr. Vega-Matos said Medical Outpatient (MO) providers remain responsible for ADAP enrollment and Medi-Cal screening. MCC providers must also be Medi-Cal certified for billing purposes. MCC ensures access to critical areas such as substance abuse, mental health, housing and income support in coordination with a benefits specialist.
- Based on OAPP experience, OAPP will require MCC providers to be co-located with a medical clinic though providers for the two services may differ. MCC providers who are not the medical provider must have an MOU defining cooperation, including access to medical records. Case loads and staffing patterns are being reviewed.

- Mr. Vega-Matos said the standard identifies populations and eligible MCC clients, but OAPP plans to screen all clients with a short tool to identify four target populations: PWH not in care, PWH who have not accessed medical services for at least six months, PWH in care with adherence difficulty, and adherent PWH with poor health outcomes.
- Acuity levels are being developed. PWH who are self-sufficient will be screened once per year or more frequently based on a trigger. Some 4,000 clients are medium to high acuity requiring full MCC services with a comprehensive treatment plan and linked referrals that include performance measures. The estimated 200 PWH with non-Ryan White medical care can enroll in MCC as long as medical record access and case conferencing standards are met.
- The standard does not specify case conference frequency. OAPP will tie conferencing to acuity. Mr. Vincent-Jones noted that financial estimates were based on that though the standard did not specify it.
- The standard defines case closure for relocation, long-term incarceration, unacceptable behavior or death. OAPP wants to add language for transfer from one medical home to another, including transfers to Case Management, Home-Based (CM, H-B) and for those who graduate to self-sufficiency.
- Mr. Guitron felt MCC should continue for those who transfer to CM, H-B as MCC continues to coordinate with the medical provider. He expressed concern patients would lose continuity just as care became more urgent.
- Mr. Vega-Matos noted a CM, H-B nurse and social worker follow the client even though MCC coordinates with the medical team. OAPP had considered expending MCC to absorb CM, H-B for patient continuity, but it would require home visits and disrupt clinic care. Ms. O'Malley added that CM, H-B staff requires higher medical expertise.
- Mr. Vega-Matos noted a similar issue with RCFCI and Skilled Nursing/Hospice had not yet been addressed.
- Mr. Vincent-Jones said consolidation of some of the programs was not feasible when the standard was first developed as the State was funding some services. It might now be appropriate to review consolidation of those standards.
- ➡ Mr. Vega-Matos will e-mail an updated matrix of discussion areas, the implementation timeline and the standard with suggested edits the following week. He felt the one area requiring further discussion was Benefits Specialty.
- ➡ Mr. Vincent-Jones recommended a January target for standard finalization.

**D. Health Insurance Premiums/Cost-Sharing (HIP/C-S):**

- Mr. Vincent-Jones said SOC purposely has not yet done a standard, but plans one now that the RFP is going forward. A focus group will be identified shortly to elicit community input on what should be covered.
- Mr. Vega-Matos noted the original RFP was withdrawn in order to coordinate it with Benefits Specialty. OAPP plans to release the new, improved RFP 1/1/2011.

**E. Early Intervention Services (EIS):**

- Mr. Vincent-Jones reported Phil Meyer and Kathleen Clannon are working on incorporating the medical home concept. He estimated work would take until February 2011 at best.
- Mr. Vega-Matos said OAPP was reviewing programs. He suggested TLC+ as the model lens. There is the long standing State definition, in addition to the HRSA definition, even as the environment shifts dramatically. There are many medical services in these programs and it has never been articulated how to transition a PWH from EIS to regular care.
- Mr. Vincent-Jones said HRSA uses a medical home concept and assumes PWH remain in EIS which is inconsistent with comprehensive care. Mr. Vega-Matos noted the need for transition with the start of MCC and universal medical home.
- Mr. Vega-Matos noted an economic issue as medical home is now cost reimbursement, but will shift to fee-for-service.
- ➡ Mr. Vincent-Jones will discuss strategy, including a possible Expert Review Panel, with Mr. Meyer and Ms. Clannon. Mr. Vega-Matos noted OAPP is setting up an internal group on the matter and would like to coordinate with SOC on it.

**F. FY 2011 RFP/Contracting Schedule: This item was postponed.**

**G. Pol #05.4001: HIV/AIDS Service Definitions: This item was postponed.**

**H. Pol #05.4002: HIV/AIDS Service Requirements: This item was postponed.**

**I. Pol #05.6101: Purpose/Role of HIV SOC: This item was postponed.**

**J. Pol #05.6103: SOC Guidelines: This item was postponed.**

**10. GRIEVANCE POLICY AND PROCEDURES: This item was postponed.**

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- 11. CONTINUUM OF CARE:** This item was postponed.
- 12. PRIORITY- AND ALLOCATION-SETTING RECOMMENDATIONS:** This item was postponed.
- 13. SPECIAL POPULATION GUIDELINES:** This item was postponed.
- 14. RATE STUDIES:** This item was postponed.
- 15. QUALITY MANAGEMENT REVIEW:** This item was postponed.
- 16. AETC REPORT:** This item was postponed.
- 17. NEXT STEPS:** There was no additional discussion.
- 18. ANNOUNCEMENTS:** There were no announcements.
- 19. ADJOURNMENT:** The meeting was adjourned at 12:15 pm.